

MAYOR

Dorothy A. Larson

CLERK

Candi L. Rowe

**TRUSTEES**

Robert J. Caulfield, Jr.

Dennis B. Crosby

Lawrence M. Hanson

Robert McCarty

Scott A. Pierce

Michael W. Wolczyk

Swimming Pool Sewer Credit Form

Name: _____

Address: _____

Phone: _____ Acct #: _____

Filling Began on:**Continued Filling****Continued Filling**Beginning Meter
Reading _____Beginning Meter
Reading _____Beginning Meter
Reading _____

Date _____

Date _____

Date _____

Time _____

Time _____

Time _____

**Ending Meter
Reading** _____**Ending Meter
Reading** _____**Ending Meter
Reading** _____

What is the size of the pool? (Width x Depth) _____

Before filling the pool, the pool was (please check the appropriate box)

- ☐ Empty
☐ ¼ Full
☐ ½ Full
☐ Other (Please specify) _____

Form must be filled out COMPLETELY PRIOR TO ANY CREDIT GIVEN. If you have any questions regarding this form, please call the Utility Billing Department at 847-395-1000.

For Office Use Only

Completed Form Received by Utility Billing Department

Date: _____

Total Gallons Used: _____

Credit Amount: _____

Approved By Village Clerk: _____

Date: _____